

ISSUE S.I.P. STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	SP		8.21.01
O.I.P.E. CLASSIFIER		43	9/8/01
FORMALITY REVIEW	B2	TC3-883	10-01-01
RESPONSE FORMALITY REVIEW	<del>SP</del>	1091	3/20/02

# INDEX OF CLAIMS

✓ ----- Rejected      N ----- Non-elected  
 o ----- Allowed      I ----- Interference  
 - (Through numeral) ... Canceled      A ----- Appeal  
 + ----- Restricted      O ----- Objected

Claim	Date
1	10/10/01
2	10/10/01
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Claim	Date
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Claim	Date
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BEST AVAILABLE COPY

If more than 150 claims or 10 actions  
 staple additional sheet here

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10-10-01  
 852  
 10/2/02  
 13/2/02